kynect Advisory Board

BEHAVIORAL HEALTH SUBCOMMITTEE

Meeting Minutes

September 21, 2015

Call to Order and Roll Call

The eleventh meeting of the Behavioral Health Subcommittee was held on Monday, September 21, 2015, at 1:00 p.m. in the KOHBIE Conference Room at the Kentucky Office of Health Benefit and Information Exchange. Julie Paxton, Chair, called the meeting to order at 1:00 p.m., and the Secretary called the roll.

Subcommittee Members Present: Julie Paxton, Chair; Melissa Johnson, Elizabeth McKune, Jennifer Nolan, and Sheila Schuster were present. Dr. Richard Edelson, Jessica Estes, Lisa Jagnow representing Commissioner Mary Begley, Kathy Lower, Leslie Hoffmann from the Department for Medicaid Services, Lawrence Ford, and Kelly Rodman were present by phone. Gabriela Alcalde, Nancy Galvagni, Kelly Gunning, David Hanna, Susan Rittenhouse, Steve Shannon, and Marcus Woodward were not present at the meeting.

Staff Present: Carrie Banahan, Melea Rivera, Sherilyn Redmon, and DJ Wasson representing the Department of Insurance.

Approval of Minutes

A motion was made to accept the minutes of the August 13, 2015, meeting as submitted, seconded, and approved by voice vote.

Update on Exchange Activities

Carrie Banahan, Executive Director, Kentucky Office of Health Benefit and Information Exchange (KOHBIE) updated the subcommittee on Exchange operations. The Health Benefit Exchange regulations are final, having gone through the regulation review process. Our last regulation, the QHP regulation, was approved by the Committee on September 8, 2015.

Based on census data, Kentucky had the largest decrease in the uninsured population in the nation during this past year – we now have only 8.5% uninsured individuals.

Parity and Consumer Education

A situation was described where a consumer had "run out of days", which sounded like parity was potentially not being practiced, as there was no corresponding limit to inpatient days for physical health problems. For this to comply with parity requirements, the insurer would have to have the same limitations on the physical health side. This particular consumer was in drug rehabilitation. The concern was whether we had educated consumers regarding questions to ask when they were denied services. The question was raised as to whether insurers have received any questions regarding parity for services.

Kelly Rodman noted that she had reviewed the commercial side to determine that parity was being honored and no problems were noted, but hadn't reviewed the Medicaid side. In order to adequately review and speak to the specific case being referenced, she would need more specific information with a more in-depth conversation.

Sheila Schuster noted that, at the national level of their advocacy group, there was a desire to ensure that parity is being honored, but she was not sure how to find out that information. The subcommittee concurred that there should be more provider and consumer education.

DJ Wasson noted that DOI reviews insurer limits on patient days and also limitations in other areas, including review of utilization review. DOI annually reviews forms, including the templates, SBCs, copays, visit limits, maximum out of pocket limits, and all market segments. If something questionable is found, DOI will ask the issuer for more information. DOI also receives and reviews complaints. However, consumers do not have enough knowledge to state that they may have a parity issue when complaining about a denial. DOI has two very competent staff that will review parity, as well as other issues, and also discuss issues noted with forms analysts, to ensure that these items are reviewed carefully during initial forms review each year.

In plan year 2015, there were no inpatient visit limits. Outpatient is the more difficult category to quantify. Issuers can subdivide outpatient between office visits and all other outpatient services, most of this differentiation depends upon how issuers have structured their schedule of benefits. For Medicaid, preauthorized services are always based on medical necessity criteria.

Elizabeth McKune noted that there is usually a letter following the denial with written reasons for the denial. However, the information can be confusing. The question was raised regarding whose responsibility is it to follow up for continuity of care after a denial for services.

One problem noted is that Medicaid members don't generally go through the appeals process. The appeals process is how coverage problems are brought to the attention of policy makers. It would be beneficial to provide educational opportunities to encourage consumers to avail themselves of the opportunity of the appeals process when receiving a denial of services. It would also help to give providers some additional information on parity. Sheila will work with DOI and Medicaid on some of these issues.

Parity and Autism Benefits

DJ Wasson noted that autism is a diagnosis, not a treatment. Autism has been broadly described as a physical, cognitive, or mental disorder. Kentucky does have a state mandate on autism. Because of this state mandate, DOI had to convert the monthly and annual dollar limits to hours.

The federal government has not provided guidance regarding whether autism falls under mental health parity. If an issuer includes autism under mental health, it is subject to parity. If treated as physical health, then it is not subject to parity. In order to determine the treatment of autism for a particular insurance, one would have to review the issuer's contract.

Most consumers use the converted dollar limits for ABA therapy, which covers about 20 hours of therapy services. 20 hours are often insufficient to achieve care goals. Once the ABA therapy benefit is used, then generally PT, OT or other needed therapies can be accessed with common therapy limitations. There are many issues surrounding the coverage of autism, and the DOI receives numerous complaints concerning autism coverage.

Problems may be encountered if the consumer changes insurers during an open enrollment period. Once coverage is begun with a new insurer, the process for prior approval for services begin all over again. Often, parents are paying out of pocket for services, and it may take several months for reimbursement. There are no standardized codes for autism. It is largely a manual process and unique to each insurer.

The question was raised as to whether the $1000 dollar limit would affect neuro-psych evaluations and testing. It was noted the $1000 is for the treatment of autism. There is a provision in the large group market (and is extrapolated to the small group market) that says this limit shall not be construed as limiting the benefits otherwise available through that individual's health benefit plan.

Jennifer Nolan noted that her provider, Our Lady of Peace, has had problems with restrictions on the length of stay in the hospital. Behavioral analysts need to observe the patient for several days in various settings and with/without family members. This process often takes longer than 3 or 4 days. Often the child may come in taking numerous medications. The doctor needs to see the patient without the effect of these medications in order to determine the patients care needs. Our Lady of Peace has also had parents that were not comfortable with taking the child home when the approved length of stay was over. Most of the children treated at Our Lady of Peace are Medicaid eligible. DJ Wasson noted that she would check with DOI UM staff. Medicaid has been concerned about the gap from transitioning from inpatient to outpatient. There should not be limits for any necessary treatment.

There was some discussion concerning whether it would be possible to get a report from Medicaid analyzing length of stay for autism diagnoses. There was concern that multiple diagnoses would be common and could scew the results of the report. Medicaid will attempt to obtain some informational reports.

Finally, it was noted that most self-insured plans may not (or are not required to) cover autism. In Kentucky, approximately 30% of the population is in fully funded private insurance, while 70% are in self-insured plans.

Other Business

The next Behavioral Health Subcommittee meeting will be held at 1:00 p.m. on Monday, November 9, 2015, at the Kentucky Office of Health Benefit and Information Exchange.

Adjournment

The meeting adjourned at 2:40 p.m.